

ISSUE SLIP STATE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | YG       | 956    | 8/30/01  |
| RESPONSE FORMALITY REVIEW | AM       | 917    | 09/24/01 |
|                           |          |        | 11-29-01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE COPY

36/900  
 09/14/01  
 SS  
 11/29/01